Section of Ophthalmology, March 21, 1927

A DISCUSSION OF SOME OF THE MORE COMMON OPHTHALMIC OPERATIONS

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After making some remarks upon the subject of ophthalmic operations in general, the speaker described some of the procedures that had impressed him as especially valuable during his operative experience of twenty-seven years. In connection with strabismus operations he pointed out that there should always be taken into consideration the facts that tenotomy causes exophthalmos and limitation of motion, while advancement of a muscle causes enophthalmos and astigmatism. He now believes that a partial tenotomy is never indicated—if a tenotomy is required at all it should be complete and its effect limited by a suture if necessary. The advancement operation he still prefers is the one he devised when a medical student. The so-called resection operations and tucking operations are inferior to it in important respects.

The operative treatment of acute and chronic dacryocystitis was discussed. In acute cases he employs the Agnew incision. In chronic cases with fistula, he enlarges the fistula, packs the sac with cotton and then extirpates.

Enucleation of the eye he always performs under local anesthesia, except in cases of young children. The needle is inserted into the orbit through the upper lid in three places. He always implants a glass ball except in cases of old people. Only one suture is employed, by means of which Tenon's capsule is overlapped in four layers in front of the ball. The ocular tendons are not included in the suture. An artificial eye is inserted and a pressure bandage applied.

In cases of contracted socket, the cavity is distended by means of a glass ball under a pressure bandage, and later shaped by means of an artificial reform eye held in place by a pressure bandage. Skin grafting should be employed only as a last resort.

For ptosis, he prefers Reese's operation when the levator is entirely inactive. Otherwise he prefers resection of half the tarsus combined with advancement of the levator.

In cases of trichiasis resulting from trachoma, extirpation of the tarsus usually relieves the condition. In especially bad cases, scalping of the lid margin is the best procedure.

For exposure keratitis with infection, following Gasserian ganglion operations, he has found a conjunctival flap remarkably effective. It is allowed to remain indefinitely, or until the lacrymal secretion returns, when it is easily removed with a spatula, leaving a clear cornea.

For acute glaucoma, he does a Reese iridectomy unless the anterior chamber is too shallow, in which case he makes the incision with a narrow Graefe knife and leaves a conjunctival bridge. For chronic glaucoma, he employs a modified iridotasis. A button-hole is made in the iris midway between the pupil and the limbus, the iris is grasped at the upper margin of the hole and pulled out beneath the conjunctival flap. In this way the sphincter is allowed to remain within the eye so that the pupil is displaced slightly if at all. This is also the best operation for buphthalmos.

The speaker then described his method of performing iridectomy in operations for cataract. In conclusion he briefly described a new method he had recently devised for removing cataracts with their capsule and for suturing wounds of cataract operations.

Section of Obstetrics and Gynecology, March 22, 1927

THE USE OF MERCUROCHROME AS A VAGINAL ANTISEPTIC BEFORE THE INDUCTION OF LABOR, BASED ON THE ANALYSIS OF 171 CASES

H. W. Mayes

During the past ten years there were 9,580 deliveries at the Methodist Episcopal Hospital with 171 bag inductions of labor.

From 1917 to 1924 there were 93 inductions with a gross morbidity of 29 per cent. and eight maternal deaths.

For two and a half years mercurochrome has been used in the preparation of the perineum and as a vaginal antiseptic